

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000078368

**Entity Name:** BREVARD HMA HOSPICE, LLC

**Current Principal Place of Business:**

901 HUGH WALLIS ROAD SOUTH  
LAFAYETTE, LA 70508

**Current Mailing Address:**

901 HUGH WALLIS RD. SOUTH  
LAFAYETTE, LA 70508 US

**FEI Number:** 27-3142339

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	OFFICER	Title	SECRETARY, TREASURER
Name	NATIONAL HEALTH INDUSTRIES, INC.	Name	GACHASSIN, III, NICHOLAS
Address	901 HUGH WALLIS ROAD SOUTH	Address	901 HUGH WALLIS ROAD SOUTH
City-State-Zip:	LAFAYETTE LA 70508	City-State-Zip:	LAFAYETTE LA 70508

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICHOLAS GACHASSIN, III

**SECRETARY, TREASURE** 04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date